

PCP (Phencyclidine)

PCP (phencyclidine) was developed in the 1950s as an intravenous anesthetic. Its use in humans was discontinued in 1965, because patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as *angel dust*, *ozone*, *wack*, and *rocket fuel*. *Killer joints* and *crystal supergrass* are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways: snorted, smoked, or ingested. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

Health Hazards —————

PCP is addictive—its use often leads to craving and compulsive PCP-seeking

behavior. First introduced as a street drug in the 1960s, PCP quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk.

After using PCP once, many people will not knowingly use it again. Others, however, use it regularly, sometimes because of its addictive properties. Others attribute their continued use to feelings of strength, power, invulnerability, and a numbing effect on the mind.

Many PCP users are brought to emergency rooms because of PCP overdose or because of the drug's unpleasant psychological effects. In a hospital or detention setting, these people often become violent or suicidal and are very dangerous to themselves and others. They should be kept in a calm setting and not be left alone.

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a pronounced rise in blood pressure and pulse rate. Breathing becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and loss of muscular coordination also may occur.

Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Adolescents who use PCP may experience interference with their learning process and with growth and development hormones.

At high doses of PCP, blood pressure, pulse rate, and respiration drop. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication). Psychological effects at high doses can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, hallucinations, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.

People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after stopping PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

Extent of Use _____

2002 Monitoring the Future Survey (MTF)*

MTF data show that the percent of high school seniors who have ever used PCP remained stable at 3.1 percent in 2002, and past-year use remained stable at 1.1 percent. PCP use in the past month among 12th-graders has declined significantly in the last few years, from 1.0 percent in 1998 to 0.4 percent in 2002. Data on PCP use by 8th- and 10th-graders are not available.

2002 Drug Abuse Warning Network (DAWN)**

PCP mentions in emergency departments increased 28 percent from 1995 to 2002. There was a 42 percent increase from the 5,404 mentions in 2000 to 7,648 in 2002. There were significant increases in PCP mentions in Washington D.C., Newark, Philadelphia, Baltimore, and Dallas. Chicago had a decrease in mentions of PCP, declining 48 percent from 874 in 2001 to 459 in 2002.

2002 National Survey on Drug Use and Health (NSDUH)***

According to the 2002 NSDUH, 3.2 percent of the population aged 12 and older have used PCP at least once. Lifetime use of PCP was highest among those aged 26 or older (3.5 percent), compared with people aged 18 to 25 (2.7 percent) and those aged 12 to 17 (0.9 percent).

*Conducted annually since 1975, MTF assesses drug use and attitudes among 8th-, 10th-, and 12th-graders, college students, and young adults nationwide. The survey is conducted by the University of Michigan's Institute for Social Research and is funded by NIDA. Copies of the latest published survey are available from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or may be downloaded from www.monitoringthefuture.org.

** The latest data on drug abuse-related hospital emergency department (ED) visits are from the 2002 DAWN report, from HHS's Substance Abuse and Mental Health Services Administration. These data are from a national probability survey of 437 hospital EDs in 21 metropolitan areas in the U.S. during the year. For detailed information from DAWN, visit www.samhsa.gov/statistics/statistics.html, or call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

***The 2002 NSDUH, produced by HHS's Substance Abuse and Mental Health Services Administration, creates a new baseline for future national drug use trends. The survey is based on interviews with 68,126 respondents who were interviewed in their homes. The interviews represent 98 percent of the U.S. population age 12 and older. Not included in the survey are persons in the active military, in prisons, or other institutionalized populations, or who are homeless. Findings from the 2002 National Survey on Drug Use and Health are available online at www.DrugAbuseStatistics.samhsa.gov.

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